DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: OAKWOOD HOUSE EAST (0010050)

Address: 1739 CRAFTSMAN DR, NEW BERLIN, WI 53146

License Status: REGULAR

Licensed/Certified/Registered 06/09/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0097139 End Date: 06/05/2006 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011867 Served 06/10/2006

Deficiencies Cited Subject Area Subject Area Verified

88.04(2)(g)1 HEALTH SCREENING FOR STAFF 88.05(3)(d) ANNUAL WELL WATER INSPECTIONS rified Corrected